

LEGAL FACE SHEET AND HISTORY

Case Name: _____ Child's Attorney: _____

Court Number: _____ Address: _____

Attorney General: _____ GAL: _____

Telephone #: _____ Address & Tel. #: _____

Child's Tribal Affiliation (A): _____ Date tribe intervened: _____ Not yet: _____

Enrollment Number: _____

Designated Tribal Agent to Receive Legal Notice: _____

Child's Tribal Affiliation (B): _____ Date tribe intervened : _____ Not yet: _____

Designated Tribal Agent to Receive Legal Notice: _____

Child's Tribe: _____

Biological Mother: _____ Attorney: _____

Address & Tel. #: _____

Biological Mother's Tribe: _____ Address & Tel. #: _____

Biological Father: _____ Attorney: _____

Address & Tel #: _____

Biological Father's Tribe: _____ Address & Tel. #: _____

Indian Custodian: _____ Attorney: _____

Other parties: _____ Attorney: _____

_____ Attorney: _____

Custody End Date: _____

Next Review: _____

Comments section: _____

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Legal Actions and Internal Case Reviews: (attach additional sheet if more space needed)

| Date | Function (petition filed, hearing, internal review, etc.) | Custody End Date | Notice Provided by Worker | | |
|------|---|------------------|--|--|-----------------------|
| | Emergency Custody | | Child's Tribal Affiliation (A) Child's Tribal Affiliation (B) Mother Father | Designated Tribal Agent Designated Tribal Agent Indian Custodian | GAL Foster Parents |
| | Shelter Care or Removal Hearing | | Child's Tribal Affiliation (A) Child's Tribal Affiliation (B) Mother Father | Designated Tribal Agent Designated Tribal Agent Indian Custodian | GAL Foster Parents |
| | Permanency Hearing | | Child's Tribal Affiliation (A) Child's Tribal Affiliation (B) Mother Father | Designated Tribal Agent Designated Tribal Agent Indian Custodian | GAL Foster Parents |
| | | | Comments | | |
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